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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b>                  |  | <b>Attorney Docket No.</b> M4065.0317/P317-B |  |
|  |  | <b>First Inventor</b> David J. Corisis       |  |
|  |  | <b>Title</b> SEMICONDUCTOR PACKAGE           |  |
| <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i> |  | <b>Express Mail Label No.</b>                |  |


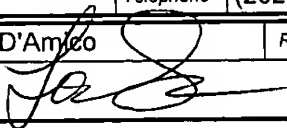
  

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| <b>APPLICATION ELEMENTS</b>   |  | <b>ADDRESS TO:</b> Box Patent Application<br>Commissioner for Patents<br>Washington, DC 20231   |  |
| See MPEP chapter 600 concerning utility patent application contents.  |  |   |  |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original, and a duplicate for fee processing)</i>  |  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program <i>(Appendix)</i>   |  |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.   |  | 8. Nucleotide and/or Amino Acid Sequence Submission<br><i>(if applicable, all necessary)</i>  |  |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages <b>14</b> ]<br><i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table,<br/>or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings <i>(if filed)</i></li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> |  | a. <input type="checkbox"/> Computer Readable Form (CRF)  |  |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>6</b> ]  |  | b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper   |  |
| 5. Oath or Declaration [Total Pages <b>1</b> ]<br>a. <input type="checkbox"/> Newly executed (original or copy)   |  | c. <input type="checkbox"/> Statements verifying identity of above copies   |  |
| b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><i>(for continuation/divisional with Box 18 completed)</i>   |  | <b>ACCOMPANYING APPLICATIONS PARTS</b>  |  |
| i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting<br>inventor(s) named in the prior application,<br>see 37 CFR 1.63(d)(2) and 1.33(b).   |  |   |  |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76   |  | 9. <input checked="" type="checkbox"/> Assignment Papers  |  |
|   |  | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of<br><i>(when there is an assignee)</i> Attorney   |  |
|   |  | 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>  |  |
|   |  | 12. <input checked="" type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS<br>Statement (IDS)/PTO-1449 Citations   |  |
|   |  | 13. <input checked="" type="checkbox"/> Preliminary Amendment   |  |
|   |  | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i>  |  |
|   |  | 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i>  |  |
|   |  | 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br>Applicant must attach form PTO/SB/35 or its equivalent.  |  |
|   |  | 17. <input checked="" type="checkbox"/> Other: Submission of Formal Drawings; Formal<br>Drawings (6 sheets); Submission of POA;<br>POA by Assignee and Certificate under 37<br>C.F.R. § 3.73(b) |  |

|   |                                     |   |                                      |
|---|-------------------------------------|---|--------------------------------------|
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:   |                                     |   |                                      |
| <input checked="" type="checkbox"/> Continuation  | <input type="checkbox"/> Divisional | <input type="checkbox"/> Continuation-in-part (CIP) | of prior application No.: 09/731,803 |
| Prior application information: Examiner D. Collins  |                                     | Group / Art Unit: 2823                              |                                      |
| For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts. |                                     |   |                                      |

|   |   |  |   |
|---|---|--|---|
| <b>19. CORRESPONDENCE ADDRESS</b>                                       |   |  |   |
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|   |   | or <input type="checkbox"/> Correspondence address below                                     |   |
| <b>Name</b> DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP<br>Thomas J. D'Amico |   |  |   |
| <b>Address</b> 2101 L Street NW   |   |  |   |
| <b>City</b>   | Washington  | <b>State</b>   | DC  |
| <b>Zip Code</b>   | 20037-1526  |  |   |
| <b>Country</b>  | US  | <b>Telephone</b>   | (202) 785-9700                                  |
|   |   | <b>Fax</b>   | (202) 887-0689                                  |
| <b>Name (Print/Type)</b>  | Thomas J. D'Amico   |  | <b>Registration No. (Attorney/Agent)</b> 28,371 |
| <b>Signature</b>  |  |  | <b>Date</b> January 14, 2002                    |

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| <b>FEE TRANSMITTAL<br/>for FY 2002</b>   |          |              |                | <b>Complete if Known</b>  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
|--|----------|--------------|----------------|---|----------|------------------------------|--|-----------------|----------|--------------|----------|-----------------|----------|----------|----------|----------|----------|--------------------|--------|-----|-----|-------------------------------------|-----|-------------------|----|-----|-----|--|-----|------------------|-----|-----|-----|---------------------------|-----|--------------------|-------|-----|-------|--|----|------------------------|------|--------------------|------|--|--|-----|--------|--|--------|---|--|-----|-----|--------------|----------------|--|--------------|-----|---------|-----------|--------|---|---|--------|-----|-----|--------------------|--|--|-----|-------|--------------|-----|---|--|-----------------|----------|----------|----------|--|----------|-----|-----|-----|-----|------------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---------------------------------------|--|-----|-------|-----|-------|--|--|-----|-----|-----|----|--|--|--------------------|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|--------------------|--|--|--|------|--|
| <i>Patent fees are subject to annual revision.</i>   |          |              |                | Application Number  |          | Not Yet Assigned-Conf. #1777 |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| <input type="checkbox"/> Application claims small entity status. See 37 CFR 1.27   |          |              |                | Filing Date   |          | January 14, 2002             |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 992.00  |          |              |                | First Named Inventor  |          | David J. Corisis             |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
|  |          |              |                | Examiner Name   |          | D. Collins                   |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
|  |          |              |                | Group Art Unit  |          | 2823                         |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
|  |          |              |                | Attorney Docket No.   |          | M4065.0317/P317-B            |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| <b>METHOD OF PAYMENT</b> (check all that apply)  |          |              |                | <b>FEE CALCULATION</b> (continued)  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input type="checkbox"/> Deposit Account<br>Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">04-1073</span><br>Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;">Dickstein Shapiro Morin &amp; Oshinsky LLP</span><br>The Commissioner is hereby authorized to: (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |          |              |                | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (3) (\$ )</td> <td colspan="2" style="text-align: right;">0.00</td> </tr> </tbody> </table> |          |                              |  | Large Entity    |          | Small Entity |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105                | 130    | 205 | 65  | Surcharge - late filing fee or oath |     | 127               | 50 | 227 | 25  | Surcharge - late provisional filing fee or cover sheet |     | 139              | 130 | 139 | 130 | Non-English specification |     | 147                | 2,520 | 147 | 2,520 | For filing a request for <i>ex parte</i> reexamination |    | 112                    | 920* | 112                | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113  | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215          | 55             | Extension for reply within first month |              | 116 | 400     | 216       | 200    | Extension for reply within second month |   | 117    | 920 | 217 | 460                | Extension for reply within third month |  | 118 | 1,440 | 218          | 720 | Extension for reply within fourth month |  | 128             | 1,960    | 228      | 980      | Extension for reply within fifth month |          | 119 | 320 | 219 | 160 | Notice of Appeal       |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing              |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding      |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable                           |  | 141                | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37CFR 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | SUBTOTAL (3) (\$ ) |  |  |  | 0.00 |  |
| Large Entity   |          | Small Entity |                | Fee Description   | Fee Paid |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$)       |   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 105  | 130      | 205          | 65             | Surcharge - late filing fee or oath   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 127  | 50       | 227          | 25             | Surcharge - late provisional filing fee or cover sheet  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 139  | 130      | 139          | 130            | Non-English specification   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 147  | 2,520    | 147          | 2,520          | For filing a request for <i>ex parte</i> reexamination  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 112  | 920*     | 112          | 920*           | Requesting publication of SIR prior to Examiner action  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 113  | 1,840*   | 113          | 1,840*         | Requesting publication of SIR after Examiner action   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 115  | 110      | 215          | 55             | Extension for reply within first month  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 116  | 400      | 216          | 200            | Extension for reply within second month   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 117  | 920      | 217          | 460            | Extension for reply within third month  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 118  | 1,440    | 218          | 720            | Extension for reply within fourth month   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 128  | 1,960    | 228          | 980            | Extension for reply within fifth month  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 119  | 320      | 219          | 160            | Notice of Appeal  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 120  | 320      | 220          | 160            | Filing a brief in support of an appeal  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 121  | 280      | 221          | 140            | Request for oral hearing  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 138  | 1,510    | 138          | 1,510          | Petition to institute a public use proceeding   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 140  | 110      | 240          | 55             | Petition to revive - unavoidable  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 141  | 1,280    | 241          | 640            | Petition to revive - unintentional  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 142  | 1,280    | 242          | 640            | Utility issue fee (or reissue)  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 143  | 460      | 243          | 230            | Design issue fee  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 144  | 620      | 244          | 310            | Plant issue fee   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 122  | 130      | 122          | 130            | Petitions to the Commissioner   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 123  | 50       | 123          | 50             | Processing fee under 37 CFR 1.17(q)   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 126  | 180      | 126          | 180            | Submission of Information Disclosure Stmt   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 581  | 40       | 581          | 40             | Recording each patent assignment per property (times number of properties)  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 146  | 740      | 246          | 370            | Filing a submission after final rejection (37 CFR 1.129(a))   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 149  | 740      | 249          | 370            | For each additional invention to be examined (37CFR 1.129(b))   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 179  | 740      | 279          | 370            | Request for Continued Examination (RCE)   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 169  | 900      | 169          | 900            | Request for expedited examination of a design application   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| Other fee (specify) _____  |          |              |                |   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| SUBTOTAL (3) (\$ )   |          |              |                | 0.00  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td>740.00</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="6" style="text-align: right;">SUBTOTAL (1) (\$ )</td></tr> </tbody> </table> |          |              |                | Large Entity  |          | Small Entity                 |  | Fee Description | Fee Paid | Fee Code     | Fee (\$) | Fee Code        | Fee (\$) | 101      | 740      | 201      | 370      | Utility filing fee | 740.00 | 106 | 330 | 206                                 | 165 | Design filing fee |    | 107 | 510 | 207  | 255 | Plant filing fee |     | 108 | 740 | 208                       | 370 | Reissue filing fee |       | 114 | 160   | 214  | 80 | Provisional filing fee |      | SUBTOTAL (1) (\$ ) |      |  |  |     |        | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>17</td> <td>-20** =</td> <td>3 x 84.00</td> <td>252.00</td> </tr> <tr> <td>Independent Claims</td> <td>6</td> <td>-3** =</td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="6" style="text-align: right;">SUBTOTAL (2) (\$ )</td></tr> </tbody> </table> |        |   |  |     |     | Extra Claims | Fee from below | Fee Paid                               | Total Claims | 17  | -20** = | 3 x 84.00 | 252.00 | Independent Claims                      | 6 | -3** = |     |     | Multiple Dependent |  |  |     |       | Large Entity |     | Small Entity                            |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code                               | Fee (\$) | 103 | 18  | 203 | 9   | Claims in excess of 20 |  | 102 | 84  | 202 | 42  | Independent claims in excess of 3      |  | 104 | 280 | 204 | 140 | Multiple dependent claim, if not paid |  | 109 | 84    | 209 | 42    | ** Reissue independent claims over original patent |  | 110 | 18  | 210 | 9  | ** Reissue claims in excess of 20 and over original patent |  | SUBTOTAL (2) (\$ ) |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| Large Entity   |          | Small Entity |                | Fee Description   | Fee Paid |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$)       |   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 101  | 740      | 201          | 370            | Utility filing fee  | 740.00   |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 106  | 330      | 206          | 165            | Design filing fee   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 107  | 510      | 207          | 255            | Plant filing fee  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 108  | 740      | 208          | 370            | Reissue filing fee  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 114  | 160      | 214          | 80             | Provisional filing fee  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| SUBTOTAL (1) (\$ )   |          |              |                |   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
|  |          | Extra Claims | Fee from below | Fee Paid  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| Total Claims   | 17       | -20** =      | 3 x 84.00      | 252.00  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| Independent Claims   | 6        | -3** =       |                |   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| Multiple Dependent   |          |              |                |   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| Large Entity   |          | Small Entity |                | Fee Description   | Fee Paid |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$)       |   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 103  | 18       | 203          | 9              | Claims in excess of 20  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 102  | 84       | 202          | 42             | Independent claims in excess of 3   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 104  | 280      | 204          | 140            | Multiple dependent claim, if not paid   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 109  | 84       | 209          | 42             | ** Reissue independent claims over original patent  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| 110  | 18       | 210          | 9              | ** Reissue claims in excess of 20 and over original patent  |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
| SUBTOTAL (2) (\$ )   |          |              |                |   |          |                              |  |                 |          |              |          |                 |          |          |          |          |          |                    |        |     |     |                                     |     |                   |    |     |     |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                    |      |  |  |     |        |  |        |   |  |     |     |              |                |  |              |     |         |           |        |   |   |        |     |     |                    |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |     |     |    |  |  |                    |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                    |  |  |  |      |  |
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Docket No.: M4065.0317/P317-B  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
David J. Corisis

Application No.: Not Yet Assigned

Group Art Unit: 2823

Filed: January 14, 2002

Examiner: D. Collins

For: SEMICONDUCTOR PACKAGE

SUBMISSION OF FORMAL DRAWINGS

Commissioner for Patents  
Washington, DC 20231

Dear Sir:

Submitted herewith is one set (six sheets, figures 1-6C) of formal drawings for filing in the above-identified Patent application. Kindly substitute the enclosed formal drawings for the informal drawings submitted with the originally filed application.

Dated: January 14, 2002

Respectfully submitted,

By



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